Dr. Courtney Glenn Phone: 770-648-5040 Dr. Gemma English
FAX: 706-780-5366

CONSENT TO TREAT MINOR CHILDREN

I, ____, parent or legal guardian

of ____, DOB_____________

have made an appointment for said child to be treated by Dr. Glenn and/or Dr. English. In my absence, ___________________________, has my permission and authority to consent to allow Dr. Glenn and/or Dr. English to treat and provide medical care and the administration of anesthesia as determined to be necessary for the welfare of my child if I am not reasonably available by telephone to give consent.

This authorization is effective from _______________ to ______________.

Signature of Parent or Legal Guardian

_____________________________ Contact Number:__________________.